



PTO/SB/81 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/560,676
Filing Date	June 30, 2004 (I.A.)
First Named Inventor	Vern L. Schramm
Title	SIR2 REGULATION
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	96700/1076

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

2/2/07

Name

Vern L. Schramm

Telephone

718-430-2819

Title and Company

Professor + Chairman Albert Einstein College of Medicine Bx 14

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Anthony A. Sauve</i>	Date	02/02/07
Name	Anthony A. Sauve	Telephone	212-746-6224
Title and Company	Assoc. Professor North Med. College Council L.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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